

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1147a
 Registered No. 6

1. PLACE OF BIRTH

County _____ State _____
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha Harris If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 6. Legitimate? yes
 5. No., in order of birth 2 7. Date of birth 11 19 27
Month Day Year

8. FATHER
 Full name Berry C Harris

14. MOTHER
 Full maiden name Maybelle Laird

9. Residence (Usual place of abode)
 If non-resident, give place and state. Maine

15. Residence (Usual place of abode)
 If non-resident, give place and state. Maine

10. Color or race W. Am 11. Age at last birthday 37 (Years)

16. Color or race W. Am 17. Age at last birthday 53 (Years)

12. Birthplace (city or place) Texas
(State or country)

18. Birthplace (city or place) Alabama
(State or country)

13. Occupation
 Nature of industry Salesman

19. Occupation
 Nature of industry HW

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5:30 a. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
(Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____

Address _____
 Filed Jan 12, 1928 [Signature]
 Registrar

482-119-434

N. B.—In case of more than one child at a birth, a separate return must be made for each, and the number of each child at birth stated.
 PLAIN. THIS IS A PERMA. RETURN must be made for each, and the number of each child at birth stated.